The state of the s											
•		TRANSMITTAL LETTER DESIGNATED/ELECTE	Attorney Docket No. 4501-1016								
		CONCERNING A FILING	U.S. 100 ati/n5030209								
		NATIONAL APPLN. NO. PCT/NZ2003/000222	PRIORITY DATE CLAIMED October 4, 2002								
TIT	TITLE OF INVENTION: THERAPEUTIC USES OF β-CASEIN A2 AND DIETARY SUPPLEMENT CONTAINING β-										
CASEIN A ²											
APPLICANT(S) FOR DO/EO/US: Julie Hazel CAMPBELL, Kristy Ann TAILFORD and Corran Norman Stuart MCLACHLAN											
Applicant herewith submits to the United States Designated Elected Office (DO/EO/US) the following items and											
other information:											
1.		☐ This is a FIRST submission of items concerning a filing under 35 U.S.C. 371.									
2.	$\overline{\Box}$										
3.	\boxtimes	This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. This is an express request to begin national examination procedures (35 U.S.C. 371(f)).									
		The submission must include items (5), (6), (9) and (21) indicated below.									
4.	\boxtimes										
5.	\boxtimes		olication as filed (35 U.S.C. 371 (c)(2))								
	а.		ed only if not communicated by the Inter	national Bureau\							
	b.		by the International Bureau. See attache	•							
	c.		lication was filed in the United States Re								
6.			on of the International Application as file								
	а.	is attached hereto.	mental replication as me	d (33 0.3.C. 37 1 (C)(2))							
	b.	_	itted under 35 U.S.C. 154(d)(4)								
7.	b. has been previously submitted under 35 U.S.C. 154(d)(4). Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))										
	а.		red only if not communicated by the Inte								
	b.	_	by the International Bureau.	inational bureau).							
	c.		•	endments has NOT expired							
	d.	The state of the s									
8.	П										
9.											
10.		A Declaration of Inventorship for purposes of U.S.A. designation pursuant to rule 4.17(iv).									
			n of the annexes of the International Pro								
	٠,	under PCT Article 36 (35 U.S.		,							
	Ite	ms 11 to 20 below concern do	cument(s) or information included:								
12.		Information Disclosure Stateme	ent (IDS) w/PTO-1449 - 🔲 Copy of IDS	S citations.							
13.		Assignment Papers (cover she	et & document(s)).								
14.	4. A preliminary amendment.										
15.	5. An Application Data Sheet under 37 C.F.R. 1.76.										
16.	☑ Itemized Return Receipt Postcard										
		A substitute specification.									
18.	Power of Attorney and Statement under 37 CFR §3.73(b)										
	a. Newly executed Power of Attorney										
			Attorney and/or change of address lette	4							
19.	A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2										
	_	and 37 CFR 1.821 - 1.825.									
20.			l international application under 35 U.S.								
21.	21. A second copy of the English language translation of the international application (35 U.S.C. 154(d)(4)).										
22. Other items or information: Search Report (form PCT/ISA/210 and International Preliminary Examination											
<u>ker</u>	ort	(form PCT/IPEA/416.									

_ 		RNATIONAL AF								
U.S. APPLICATION NO.	EY DOCKET NO. 6									
Applicant claims s		/NZ2003/000222 tatus. See 37		4501-101	CALCUI	LATIONS				
│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │	re submitted:	• •			P10 03	SE ONLY				
Р										
	1									
	\$150.00	T								
Non ISA/US Search Provided	\$200.00	<u> </u>								
US was the IPEA And al	\$100.00									
the provisions of PCT Article 33 Surcharge of \$130.00 for furnish			than ☐ 20- ☑ 30		\$65.00	<u> </u>				
months from the earliest claimed priority date (Fee Code 1617/2617)										
National Stage Application size fee each additional 50		Additional Sheets		Fee From Below						
sheets in excess of 100	34 - 100 =	=	x	<u>\$125.00</u>	\$0.00					
Fee Code 1681/2681		50								
CLAIMS		NUMBER FILED	NUMBER EXTRA	RATE x \$100.00						
Independent Claims Fee Codes	\$0.00									
Total Claims Fee Codes	\$0.00									
MULTIPLE DEPENDENT CLAIM	\$0.00									
Processing fee of \$130.00 for full months from the earliest claimed	\$0.00									
Fee for recording the enclosed a	ssignment (37		Fee code 8021) 40.00 per property		\$0.00					
			ES ENCLOSED	y +	\$0.00 \$ 515.00	 				
					Amount to be refunded:	\$				
					Charged:	\$				
N A check in the amount of	\$ 515.00 to cr	over the above fee	e is attached							
The Director is hereby authorized to charge indicated fees and credit any overpayment to Deposit Account No. 25-0120 in the name of Young & Thompson. A duplicate copy of this sheet is enclosed.										
The Director is hereby au Deposit Account No. 25-0	uthorized in this, 120 for any addi	, concurrent, and f	future replies, to chunder 37 C.F.R. §§	harge paymen 1.16 or 1.17.	nt or credit any o	overpayment to				
	-	•				,				
SEND ALL CORRESPONDEN YOUNG & THOMPSON	more o	Castel								
745 South 23 rd Street Arlington, VA 22202										
Telephone: (703) 521-2297	eg. No. 35,041									
Facsimile: (703) 685-0573			NAM	E, REGISTE	RATION NUMB	BER				
Y&T Customer No. 00466			_April	4, 2005						
BC/ <u>crt</u>			DATE	E						